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CONFIRMATION NO. 5967

|                                                                                                                                                                                                                                                                            |                                                                                                                   |                                                          |                                                                                                                                                                                                                                                                           |                                           |                               |                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------|------------------------------------|
| <b>SERIAL NUMBER</b><br>10/767,498                                                                                                                                                                                                                                         | <b>FILING or 371(c)<br/>DATE</b><br>01/26/2004<br><b>RULE</b>                                                     | <b>CLASS</b><br>423                                      | <b>GROUP ART UNIT</b><br>1793                                                                                                                                                                                                                                             | <b>ATTORNEY DOCKET<br/>NO.</b><br>AFD 649 |                               |                                    |
| <b>APPLICANTS</b><br>Benji Maruyama, Yellow Springs, OH;<br><b>** CONTINUING DATA *****</b><br><b>** FOREIGN APPLICATIONS *****</b><br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b>                                                                            |                                                                                                                   |                                                          |                                                                                                                                                                                                                                                                           |                                           |                               |                                    |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Verified and /EDWARD M JOHNSON/<br>Acknowledged Examiner's Signature |                                                                                                                   | <input type="checkbox"/> Met after Allowance<br>Initials | <b>STATE OR<br/>COUNTRY</b><br>OH                                                                                                                                                                                                                                         | <b>SHEETS<br/>DRAWINGS</b><br>1           | <b>TOTAL<br/>CLAIMS</b><br>18 | <b>INDEPENDENT<br/>CLAIMS</b><br>2 |
| <b>ADDRESS</b><br>DEPARTMENT OF THE AIR FORCE<br>AFMC LO/JAZ<br>Bldg 11, Room D18<br>WRIGHT-PATTERSON AFB, OH 45433-7109<br>UNITED STATES                                                                                                                                  |                                                                                                                   |                                                          |                                                                                                                                                                                                                                                                           |                                           |                               |                                    |
| <b>TITLE</b><br>Method of processing filamentary nanocarbon                                                                                                                                                                                                                |                                                                                                                   |                                                          |                                                                                                                                                                                                                                                                           |                                           |                               |                                    |
| <b>FILING FEE<br/>RECEIVED</b><br>770                                                                                                                                                                                                                                      | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                                          | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                           |                               |                                    |